## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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naintenance fee notification	S.		specifying a new	v correspondence addres	ss, and/or (b) indicating a sepa	Tate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate	Note: A certificate of mailing can only be used for domestic mailings of the		
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BUCHANAN IN			PE	I hereby certify that	ertificate of Mailing or Trans	mission	
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100.000.000.000.000.000.000.000.000.000			IAN 2 3 2006	<b>1 1</b>	(Depositor's name)		
1 FC:1501 1400.00		jp \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		/		(Signature)	
2 FC:8001	30.00 OP	FIRST NAME				(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/521,107	03/07/2000	Silke Dral		भ	004501-949	9180	
TITLE OF INVENTION: METHOD FOR ASSESSING THE RELIABILI			TY OF TECHNICAL SYSTEMS		1022200		
					1033398.000	04	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	01/23/2006	
•					31400	01/23/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
WACHSMAN, HAL D		2857					
.rk (.303).				For printing on the patent front page, list the names of up to 3 registered patent attorneys 1_BUCHANAN_INGERSOLL_PC			
Change of correspondence address for Change of Correspondence or agents OP observatively							
				2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T	HE PATENT (pr	int or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
				k in the amount of the fee(s) is enclosed.			
				t by credit card. Form PTO-2038 is attached.			
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overnayment to					
Change in Entity Status	(from status indicated above)		Deposit Account	Number <u>02-4800</u>	(enclose an extra c	opy of this form).	
	MALL ENTITY status. See 3		b. Applicant i	s no longer claiming SM	ALL ENTITY status. See 37 C	FR 1.27(g)(2)	
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Authorized Signature	1 Ven	Xen			anuary 23, 2006		
Typed or printed name Patrick C. Keane			Registration				
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